

Parent/Guardian Transportation Authorization

Member/Minor Information				
Name	SCHA Mer	SCHA Member ID#		
Date of Birth	Phone Nun	Phone Number		
Address	City	State	Zip	
Parent/Guardian Information	1			
Name	Contact Ph	Contact Phone Number		
Address	City	State	Zip	
Emergency Contact				
Name	Phone Nun	Phone Number		
	ountry Health Alliance to schedu inor child under age 18 without			

legal guardian.

RideConnect must receive a completed and signed authorization before scheduling any transportation services. The signed authorization is valid for 12 months from the date of authorization.

Return completed and signed authorization via:

- Mail: South Country Health Alliance, Attn: RideConnect, 6380 W. Frontage Road, Medford, MN 55049
- Email: rideconnect@mnscha.org
- Fax: 1-507-431-6328, Attn: RideConnect

Questions or concerns please contact South Country Health Alliance Member Services toll-free at 1-866-567-7242 (TTY 1-800-627-3529 or 711).

I authorize RideConnect transportation to schedule non-emergency medical transportation for the minor/member listed above. I understand that this authorization allows a non-emergency transportation provider to transport the minor child/dependent to and from South Country Health Alliance approved medical appointments without being accompanied by a parent or legal guardian.

By signing below, I indicate I have read and understand this authorization.

Print Name (Parent/Guardian)	Signature (Parent/Guardian)
Date of Authorization	

1-866-567-7242, TTY 1-800-627-3529 or 711

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

កំណត់សំគាល្ល់ ។ បើអ្នកត្រូវការជុំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលើខំខាំងលើ ។

請注意,如果您需要免費協助傳譯這份文件,請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thoy ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawy no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ပင်သူ ဉ်ပင်သးဘဉ်တက္နာ် စွဲနမှာ်လိဉ်ဘဉ်တာ်မာစားကလီလာတာ်ကကျိုးထံဝဲဒဉ်လံဝ် တီလံဝ်မီတခါအုံးနှဉ်,ကိုးဘဉ် လီတဲစိန္နီါဂ်ဴါလၢထးအံ့ၤန္ဉ်ဘက္န္ပါ.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

້ ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທຣໄປທີ່ໝາຍເລກຂ້າງເທີງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (10-20)